

Benton Dewar & Associates  
Professional Land Surveyor  
5920 Honeycutt Road  
Holly Springs, NC 27540  
Office – 919-552-9813  
Cell – 919-868-1449  
e-mail – bentondewar@gmail.com

Date : 5/11/2020

## INVOICE

Ronnie & Joyce Carroll  
216 Bay Street  
Fuquay-Varina, NC 27526

RE: Lot 14 Block 3 Captain's Landing Subdivision  
Map # 21 Page 52

Office research. Field survey GPS elevation benchmark. Run level loop to site from benchmark. Set benchmark on site, take elevation shots on the house, adjacent grades around house, take pictures, and measure up Office computations, drafting, forms, and e-mail to Builder

Total - \$ 200.00

Previously paid \$ 150.00

Amount Due - \$ 50.00

# ELEVATION CERTIFICATE

**Important:** Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION						FOR INSURANCE COMPANY USE	
A1. Building Owner's Name <b>RONNIE &amp; JOYCE CARROLL</b>						Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>216 BAY STREET</b>						Company NAIC Number:	
City <b>FUQUAY-VARINA</b>		State <b>NORTH CAROLINA</b>		ZIP Code <b>27526</b>			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>LOT 14, BLOCK 3, CAPTAIN'S LANDING, MAP BK. 21 PG. 52</b>							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u><b>RESIDENTIAL</b></u>							
A5. Latitude/Longitude: Lat. <u><b>35.486468°</b></u> Long. <u><b>-78.950368°</b></u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983							
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.							
A7. Building Diagram Number <u><b>5</b></u>							
A8. For a building with a crawlspace or enclosure(s):							
a) Square footage of crawlspace or enclosure(s) <u><b>0</b></u> sq ft							
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u><b>0</b></u>							
c) Total net area of flood openings in A8.b <u><b>0</b></u> sq in							
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
A9. For a building with an attached garage:							
a) Square footage of attached garage <u><b>N/A</b></u> sq ft							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u><b>0</b></u>							
c) Total net area of flood openings in A9.b _____ sq in							
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number <b>HARNETT COUNTY 370328</b>				B2. County Name <b>HARNETT</b>		B3. State <b>NC</b>	
B4. Map/Panel Number <b>0602</b>	B5. Suffix <b>J</b>	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date <b>10/3/2006</b>	B8. Flood Zone(s) <b>AE</b>	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) <b>145.7</b>		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____							
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date: <u><b>N/A</b></u> <input type="checkbox"/> CBRS <input type="checkbox"/> OPA							

**ELEVATION CERTIFICATE**

OMB No. 1660-0008  
Expiration Date: November 30, 2022

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>216 BAY STREET</b>			Policy Number:
City <b>FUQUAY-VARINA</b>	State <b>NORTH CAROLINA</b>	ZIP Code <input checked="" type="checkbox"/> <b>27526</b>	Company NAIC Number

**SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: **GPS-VRS-RTK** Vertical Datum: **NAVD 88**

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.


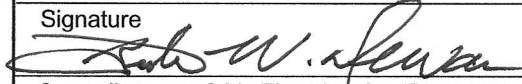
Check the measurement used.

- |   |                     |  |                                 |
|---|---------------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)   | <u><b>150.5</b></u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | <u><b>N/A</b></u>   | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | <u><b>N/A</b></u>   | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | <u><b>N/A</b></u>   | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | <u><b>N/A</b></u>   | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | <u><b>143.4</b></u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | <u><b>144.3</b></u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                  | <u><b>143.4</b></u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

**SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  Check here if attachments.

Certifier's Name <b>BENTON W. DEWAR</b>	License Number <b>NCPLS-3040</b>	
Title <b>OWNER</b>		
Company Name <b>BENTON DEWAR &amp; ASSOCIATES</b>		
Address <b>5920 HONEYCUTT ROAD</b>		
City <b>HOLLY SPRINGS</b>	State <b>NORTH CAROLINA</b>	
Signature 	Date <b>5.11.2020</b>	Telephone <b>919-868-1449</b>

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

**C2e. - HVAC UNIT NOT INSTALLED.**

# BUILDING PHOTOGRAPHS

## ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>216 BAT STREET</b>			Policy Number:
City <b>FUQUAY-VARINA</b>	State <b>NORTH CAROLINA</b>	ZIP Code <input type="checkbox"/> <b>27526</b>	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption	<b>NORTH SIDE (FRONT)</b>	<b>5.7.2020</b>	Clear Photo One
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Photo Two

Photo Two Caption	<b>EAST SIDE</b>	<b>5.7.2020</b>	Clear Photo Two
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**BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE**

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>216 BAY STREET</b>			Policy Number:
City <b>FUQUAY-VARINA</b>	State <b>NORTH CAROLINA</b>	ZIP Code <input checked="" type="checkbox"/> <b>27526</b>	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption

**SOUTH SIDE**

**5.7.2020**

Clear Photo Three



Photo Four

Photo Four Caption

**WEST SIDE (REAR)**

**5.7.2020**

Clear Photo Four